CITY OF MILWAUKEE HEALTH DEPA	ILWAUKEE HEALTH DEPARTMENT • PUBLIC HEALTH LABORATORIES • MICROBIOLOG` (Last) (First) (M.I.) Date of Birth					' • 841 N. BROADWAY, RM. 205, MILWAUKEE, WI 53202-3653 Do Not Write Here — For Health Dept. Use Only			
Patient's				MHD Date LAB # Rec'd.					
Name				Prelim.	ne	:c a			
Patient's Address			Sex M F	Report 1 Date	Sit Co	te ide			
			Specimen I.D.	Prelim. Report 2	Tes	nt.			
City	State Zip			Date		ode			
Diag- nosis	Onset Date		Dura- tion	Final Report	14.5	T. I			
110010	Date		tion	Date	SPECIMEN	10			
Submitting		\neg	Agency's		Date Collected	Time Collected			
Agency			Phone		SPECIMEN SOURCE				
Physician's Name			Physician's Phone		nasopharyngeal throat	urine genital	☐ blood☐ CSF		
Agency's Address				ONLYONE	feces	sputum	abscess		
City, State				<i>only</i> one In per form	wound				
& Zip Code Submit all THREE copies of this					tissue serum: Acute date				
			form with s		Convalescent date_				
NOTES ON SPECIMEN TRANSPORT					other				
Transport media is available upon reque Routine bacteriology from swabs: Amie	est for clinical specimens an	d essential for ma	ximum recovery:		Check either Reference		imen		
Routine bacteriology from swabs: Amies or Stuarts transport medium. <u>Bordetella</u> isolation from NP swabs: Regan-Lowe semi-solid transport medium or TSB.					(submit pure culture only)				
Parasitology: PVA and 10% formalin for stool specimens. Mycoplasma – TSB with BSA.					Indicate suspected genu	us & species, organism	characteristics.		
Salmonella, Shigella, Campylobacter, Yo	ersinia: Cary-Blair transport	medium.							
Other transport media available by requ		, Δ minimum of 2	5 ml of serum or 7	0 ml of clotted					
2. For serologic diagnosis, acute and convalescent sera are necessary. A minimum of 2.5 ml of serum or 7.0 ml of clotted blood is required. An approximate 2 week interval is satisfactory between sera collections, with 3 to 4 weeks optimal for					CLINICAL SPECIMEN Beta strep screen Ova / parasites				
<u>Legionella</u> serologic diagnosis. 3. Call (414) 286-3526 for additional infor	rmation				☐ Beta strep scree ☐ Enteric pathoge		-		
Put specimen in leak-proof container and		e in plastic bag and	attach this form to the	outside of the ban.	(*Includes Salmonella,	Shigella, Campylobacter an	d Yersinia)		
		o praesio sag ama		oniorao or mo zagr	☐ Mycoplasma ☐ Ureaplasma	☐ Fungal ☐ Bordetella	☐ TB☐ Lyme test		
ADDITIONAL INFORMATION from User	Agency (Print)				Serology				
					☐ Other				
					CLINICAL DATA Clions	t / Aganov to complet	a thic		
					CLINICAL DATA Client section		eeds		
					Respiratory Sore throat	<i>Gastrointestinal</i> ☐ Nausea			
RESULTS (Do Not Write In This Space)					Cough	Vomiting			
					☐ Pharyngitis☐ Bronchitis	☐ Diarrhea ☐ Abdominal pain			
					☐ Pneumonia	Gastroenteritis			
					Neurological ☐ Stiff Neck	Genital Lesions			
					Paralysis	☐ Exudate			
					☐ Encephalitis ☐ Meningitis	☐ PID ☐ Vaginitis			
					Headache	Cervicitis / Ureth	ritis		
					Other Clinical				
					Fever Chills	Ocular Endocarditis			
					Cutaneous	Urologic			
					Bacteremic Lymphadenopathy	Sexually Transmi	tted Disease		
					OTHER SIGNIFICANT FA				
					Immuno- compromised				
					Antimicrobials (within 2 weeks)				
					Animal Contact				
					Arthropod Contact				
(1) White – Client/Agency					Travel				
(2) Yellow – Laboratory File (3) Pink – Accounting					Occupation				
H-429 989 R10/00	Technologist:				Other				